



South Coast Air Quality Management District
P. O. BOX 4944
Diamond Bar, CA 91765
(909) 396-2000

Form 400-A must accompany all submittals:

STORAGE TANK FORM 400 - E - 18 (LIQUID & GASEOUS MATERIAL)

For:	change of location, equipment w/expired permit, or change of operator:	ALL other application types: Submit all other information requested and:
Title V Facilities	Complete Sections I, IV, & V	Complete Sections I, II, III, IV, & V
All Other Facilities	Complete Sections I & IV	Complete Sections I, II, III, & IV

Section I - Facility/Application Information

- Business Name: LA JOLLA ENERGY DEVELOPMENT, INC. Facility ID: NEW
- The requested application is for a(n): Date of Occurrence: 06/01/01
 - ☒ New Construction
 - ☐ Change of Location
 - ☐ Modification of Equipment/Process
 - ☐ Existing Equipment with Expired Permit
 - ☐ Existing Equipment Operating without a Permit; Initial Operation Date: / /
 - ☐ Change of Condition(s); Specify the change of condition(s) requested:
 - ☐ Change of Operator; List previous name of operator and Facility ID #:
- If equipment has previous written permit, list Permit Number or Device Number(s):
 - Write Rule 301 description of this equipment/process:
- Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?
☒ No ☐ Yes; If Yes, Number of Multiple Units:
- Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?
☒ No ☐ Yes; NTC #: NOV #: Issue Date: / /
- For New Construction, Modification, or Change of Location:
Estimated Construction Start Date: 06/01/2001 Estimated Completion Date: 01/01/2002
- For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency? ☐ No ☒ Yes, for agency (Provide name): California Energy Commission
 - Are you required by another governmental agency to have a permit? ☐ No ☒ Yes, for agency (Provide name) California Energy Commission
 - Are any of these permits discretionary? ☒ No ☐ Yes; list:
- Do you claim confidentiality of data? ☒ No ☐ Yes (attach explanation)
- Is the equipment located within 1,000 feet from the outer boundary of a school? ☒ No ☐ Yes
(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)
 - School Name(s): Telephone No(s):School Address(s):

Section II - Equipment Information

- Tank Identification (Number or Name): AMMONIA STORAGE TANK
- Tank Capacity: Barrels or 10,000 Gallons
- Tank Dimensions:
Diameter: 10 feet - 0 inches; Height: N/A feet - inches
Width: N/A feet - inches; Length: 18 feet - 0 inches
- Tank Shape:
 - ☒ Cylindrical
 - ☐ Spherical
 - ☐ Rectangular
 - ☐ Other (specify)
- Tank Materials of Construction (only if subject to Rule 463):
 - ☐ Aluminum
 - ☐ Plastic
 - ☒ Other (specify) ANSI STAINLESS STEEL
 - ☒ Metal
 - ☐ Wood
- Type of Tank (check all that apply):
 - ☐ Fixed Roof
 - ☐ Floating Roof
 - ☒ Pressurized
 - ☐ Open Top
 - ☐ Internally Heated
 - ☐ Insulated
 - ☐ Underground
 - ☒ Unheated
 - ☐ Other (specify)
- Tank Condition:
 - ☒ Good
 - ☐ Poor
- Tank Paint:
 - ☒ Chalking White
 - ☐ Light Gray or Blue
 - ☐ Dark Color or No Paint

AQMD USE ONLY		APPLICATION/TRACKING #		PROJECT #		TYPE B C D		EQUIPMENT CATEGORY CODE: _____/____		FEE SCHEDULE: \$		VALIDATION	
ENG. A	R	ENG. A	R	CLASS	ASSIGNMENT	ENGINEER		ENF.		CHECK/MONEY ORDER	AMOUNT		
DATE		DATE		I III IV	UNIT			SECT.		#			\$

TURN OVER AND COMPLETE

AQMD USE ONLY		APPLICATION/TRACKING # _____		PROJECT #		TYPE B C D		EQUIPMENT CATEGORY CODE: _____/____		FEE SCHEDULE: \$		VALIDATION	
ENG. A R DATE		ENG. A R DATE		CLASS I III IV		ASSIGNMENT UNIT ENGINEER		ENF. SECT.		CHECK/MONEY ORDER #		AMOUNT \$	

9. If tank has a floating roof:
- a. Type of roof: ☐ Double Deck ☐ Pontoon ☐ Other (specify): _____
- b. Type of seal: ☐ Primary ☐ Secondary ☐ Other (specify): _____
- ☐ Shoe ☐ Mechanical
- c. Type of shell construction: ☐ Riveted ☐ Welded ☐ Other (specify): _____
10. If tank is to have any other type of roof or cover (or none at all), describe: _____
- _____
- _____

Section III - Operation Information

1. Vapor Control During Loading or Unloading:
- a. ☐ Sparger c. ☒ Vapor Return Line
- b. ☐ Vapor Balance System d. ☐ Vented to Air Pollution Control Equipment¹
- ¹ If yes, a separate permit is required. If APC equipment is already permitted, provide Permit Number or Device Number _____ If not permitted, please see Form 400-E-GEN.
2. Vent Valve Data: Indicate type of settings and vapor disposal:
- | | Number | Pressure Setting | Vacuum Setting | Discharging to (Check) <input checked="" type="checkbox"/> | | |
|----------------|----------|------------------|----------------|--|--------------------------|--------------------------|
| | | | | Atmosphere | Vapor Control | Flare |
| a. Combination | <u>1</u> | <u>tbd</u> | <u>tbd</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pressure | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vacuum | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Open | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. Name all liquids, vapors, gases, or mixtures of such materials to be stored in this tank: AMMONIA SOLUTION
- Density: 7.7 lbs/gal
4. Temperatures at which the above listed materials are to be stored in this tank:
- Minimum temperature: 40 °F Maximum temperature: 90 °F
5. If material stored is a petroleum product or any other type of organic material, supply the following information for each material: (Attach additional sheets, if necessary)
- Vapor pressure: _____ lbs REID or _____ lbs. per sq. in. Absolute at 68°F
- Working pressure (for fixed roof tanks only): _____ (Indicate units)
- Initial boiling point: _____ °F For heavy petroleum products only: Flash Point: _____ °F
6. Operation Data:
- a. Maximum filling rate: _____ bbls per hour or 12,000 (est.) gals per hour
- b. Average outage: (Average distance from top of tank shell to liquid surface) _____ feet
- c. Throughput: Average Maximum
- 230 230 bbls/day, gals/day, or gal/batch (circle units)
- _____ batches/day or batches/month (circle units)
- d. Tank turnovers per year: 8.4
7. If material is stored in a solution, supply the following information: AMMONIA SOLUTION 19%BY WEIGHT
- Name of solvent: DI WATER Name of materials dissolved AMMONIA
- Concentration of Materials dissolved: 19 % by weight or _____ % by volume or _____ lbs/gal

Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

STEVE WIBURN

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(323) 298 - 2200

DATE SIGNED:

/ /

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER:

TITLE OF PREPARER:

MANGER OF GOVERNMENTAL AFFAIRS

TYPE OR PRINT NAME OF PREPARER:

STEVE RUSCH

PREPARER'S TELEPHONE NUMBER

(323) 298 - 2223

DATE SIGNED:

/ /

Section V- Title V Information: Fill out if AQMD has identified your facility as a Title V facility

The requested application involves a(n): (check all that apply)

- a. ☐ Minor Permit Revision e. ☐ Permit Shield (complete Form 500-D)
- ☐ Group Processing (check only if applicable) f. ☐ Streamlined Permit Conditions
- b. ☐ DeMinimis Significant Permit Revision g. ☐ Alternative Operating Scenario (AOS)
- c. ☐ Significant Permit Revision h. ☐ Other (specify): _____
- d. ☐ Non-Title V Permit Processing (Available until initial Title V permit is issued)